

FORT LEAVENWORTH TAX CENTER TAX YEAR 2008 CLIENT QUESTIONNAIRE

PLEASE READ THE FOLLOWING BEFORE SIGNING THE PRIVACY ACT STATEMENT
AND ANSWERING THE QUESTIONNAIRE.

1. Welcome! We are here to provide you timely, accurate, courteous, and **free** tax preparation services.
2. Service Eligibility: The Fort Leavenworth Tax Center participates in the Military Volunteer Income Tax Assistance (M-VITA) program. M-VITA is co-sponsored by the IRS and the Department of Defense and provides free tax assistance and preparation to all eligible Legal Assistance beneficiaries. Eligible beneficiaries normally include active duty, activated Reserve Component, retired military and family members of each category (for more details, refer to AR 27-3, Chapter 2-5). We welcome all ranks and income levels.
3. It is Your Return: Whether prepared by yourself, friends, commercially, or with free public assistance, the content of your tax return is ultimately your responsibility. Please view our services as tax assistance – not tax advice you might receive from a paid preparer. Review your return and sign only if you are confident in the accuracy of figures you have provided, and the tax positions you have taken in it.
4. Electronic Filing: To reduce administrative burdens, our policy is to electronically file all eligible federal and state returns. If you do not desire to e-file your return, notify your preparer. In such cases, your preparer will give you one copy of the return with mailing addresses. It is your responsibility as the taxpayer to mail the correct forms and attachments to the appropriate tax jurisdiction.
5. Records Retention & Disclosure: By signing the Privacy Act Statement below, you
 - authorize the retention of this questionnaire to help with the processing of your tax return
 - authorize the retention of your electronic tax return information for subsequent return preparation such as amendments and next year returns.
 - authorize the retention of your name, address, and telephone number for the purpose of future contact concerning your tax return and/or our services that may be of value to you
 - authorize the use of your tax return data for use in the compilation of aggregate Fort Leavenworth return statistics such as number of clients served, average income, filing status, etc.

You may opt out of these retention procedures by sending a written request to: Chief of Legal Assistance, Office of the Staff Judge Advocate, 415 Custer Ave, Fort Leavenworth, KS 66027.

In either event, information retained will not be shared with any unauthorized persons and will not be sold, given away or used for commercial purposes. Hardcopy information will be retained in accordance with IRS directions and properly disposed of when no longer needed. Please maintain your copy of the tax return in a in a safe place.

DATA REQUIRED BY THE PRIVACY ACT OF 1974 PRIVACY ACT STATEMENT (5 USC 522a)

AUTHORITY: 10 USC 3013, AR 340-18-4.

PRINCIPAL PURPOSES: To assist in preparation of federal/state income tax returns.

ROUTINE USES: To provide the basic information necessary to prepare the client's federal/state income tax return.

DISCLOSURE: Voluntary disclosure. Nondisclosure precludes preparation and filing of the federal/state income tax return.

Date: _____ Printed Name: _____ Signature: _____

For tax assistance, you (and spouse) will need:

- Active duty, retired, and/or family member ID Card (activation orders for RC)
- Copies of all W2, 1098, and 1099 forms
- SSN or ITIN for all individuals to be listed on the return (copy of Social Security card preferred but not required)
- Form 8332 or divorce decree releasing exemption
- Prior year federal & state return if available
- Child care provider's identification number
- Voided check or myPay account information for Direct Deposit
- Amounts and dates of estimated tax payments made
- Amounts of other income, adjustments, and deductions
- Power of Attorney if spouse is not available
- This completed questionnaire

BIOGRAPHICAL & CONTACT INFORMATION

Your full name and SSN must match what is on your Social Security Card exactly or **your return will be rejected**.

Taxpayer			Spouse		
First:	MI:	Last:	First:	MI:	Last:
SSN:		Date of Birth:	SSN:		Date of Birth:
Occupation:			Occupation:		
US Citizen <input type="checkbox"/>	Legally Blind <input type="checkbox"/>	Total Permanent Disabled <input type="checkbox"/>	US Citizen <input type="checkbox"/>	Legally Blind <input type="checkbox"/>	Total Permanent Disabled <input type="checkbox"/>
Mailing Address:				Unit:	
City:		State:	Zip:	State of Legal Residence: Taxpayer - Spouse -	

	Daytime phone	Evening phone	Cell phone	Email address
Taxpayer				
Spouse				

Important: Can your parents or someone else claim you (or spouse) as a dependent on his or her tax return? ☐ Yes ☐ No

On December 31, 2008 were you? ☐ Single ☐ Legally Married ☐ Separated ☐ Divorced ☐ Widowed

If married, did you live with your spouse at anytime on or after June 30, 2008? ☐ Yes ☐ No

Is your spouse deceased? ☐ Yes ☐ No If yes, date spouse died ____/____/____

Did you provide more than half the cost of keeping up a home for the year? ☐ Yes ☐ No

Special rules for parents who are divorced or legally separated or lived apart at all times during the last 6 months of the year. If your child lived in your home for less than half of the calendar year:

- Did one or both parents provide over half of the child's total support? ☐ Yes ☐ No
- Is the child in custody of one or both parents for more that half of the year? ☐ Yes ☐ No
- Did the custodial parent sign the Form 8332 or similar statement releasing the exemption? ☐ Yes ☐ No

FAMILY AND DEPENDENT INFORMATION – Do not include yourself or your spouse

Complete the information below to the best of your ability for the calendar year 2008.

Full Name	Date of Birth	SSN	Relationship to you (e.g. son)	Months person lived with you in 08 (1 - 12)	US citizen, resident of US, Canada, or Mexico?	Did <u>they</u> provide more than half of their own support?	Is the dependent as full time student?	Did <u>they</u> make \$3,500 or more
					Y / N	Y / N	Y / N	Y / N
					Y / N	Y / N	Y / N	Y / N
					Y / N	Y / N	Y / N	Y / N
					Y / N	Y / N	Y / N	Y / N
					Y / N	Y / N	Y / N	Y / N

Can anyone else claim any of these dependents on their income tax return?

☐ Yes ☐ No

Were any of these dependents permanently and totally disabled in 2008?

☐ Yes ☐ No

Did any of these dependents file a joint return for 2008?

☐ Yes ☐ No

REMINDER: Non-custodial parent should have IRS Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents, OR a Separation Agreement or Divorce Decree to claim exemption).

Has the Earned Income Credit (EIC) ever been disallowed by the IRS?

☐ Yes ☐ No

Can someone other than you use your child to claim the EITC?

☐ Yes ☐ No**Dependent Care Expenses**

Did you or your spouse pay any childcare expenses that allowed you to work? If yes, list each child below.

Child's Name	Provider's Name & Address	SSN or Fed EIN #	Amount

Economic Stimulus Payment: List the amount of your 2008 payment entitlement \$ _____

(Note: Your entitlement may be more than the amount actually received if you had debts owed to the IRS, Federal government, and certain State agencies at the time your Stimulus Payment was released.)

Income

Please list **all states** (and dates of presence) in which income was earned by taxpayer or spouse:

State: _____ State: _____ State: _____
 Dates: _____ Dates: _____ Dates: _____

Please check all boxes that apply.

<input type="checkbox"/> Wages – W2 <input type="checkbox"/> Interest – 1099Int <input type="checkbox"/> Sale of Stock/Bonds – 1099B <input type="checkbox"/> Pension or Annuity – 1099R <input type="checkbox"/> Paid Alimony \$ _____ <input type="checkbox"/> Home Business/Self Employment <input type="checkbox"/> Disability Income	<input type="checkbox"/> DITY Move W2 <input type="checkbox"/> Dividends – 1099Div <input type="checkbox"/> Cost basis of investment sale <input type="checkbox"/> Social Security – 1099 SSA <input type="checkbox"/> Rental Property <input type="checkbox"/> Gambling Winnings (W-2G) <input type="checkbox"/> Tip Income	<input type="checkbox"/> Income not reported on W-2 <input type="checkbox"/> Unemployment - 1099G <input type="checkbox"/> State refund from 2007 <input type="checkbox"/> IRA distribution – 1099R <input type="checkbox"/> Partnerships, S Corp, Trusts <input type="checkbox"/> Farm Income <input type="checkbox"/> Awards, Prizes, Jury Duty
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Did you itemize deductions in 2007 and also receive a State tax refund? ☐ Yes ☐ No

If yes, circle which you itemized in 2007: State Income taxes or General Sales taxes

Did any of your dependent children receive 1099INTs, 1099DIVs, and/or 1099MISCs (for Alaska Permanent Fund dividends) listing in total, over \$900 in income? ☐ Yes ☐ No

If yes, please discuss with your preparer the option to reporting this income on your own return.

Did any of your dependent children receive a 1099B? ☐ Yes ☐ No

Adjustments and Deductions

Please check all boxes that apply.

<input type="checkbox"/> Traditional IRA \$ _____ <input type="checkbox"/> Student Loan Interest <input type="checkbox"/> Pension, 401K, Keogh, KPERS <input type="checkbox"/> Alimony Received \$ _____ <input type="checkbox"/> Home Mortgage Interest Paid <input type="checkbox"/> Charitable Contributions <input type="checkbox"/> Home used for Business Purpose	<input type="checkbox"/> Roth IRA \$ _____ <input type="checkbox"/> Tuition and Fees <input type="checkbox"/> Non-reimbursed Moving Exp. <input type="checkbox"/> Medical Savings Account <input type="checkbox"/> Real Estate Taxes \$ _____ <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Child Adoption Expenses	<input type="checkbox"/> Reservist Expenses <input type="checkbox"/> Educator Expenses <input type="checkbox"/> Self Employment Tax <input type="checkbox"/> Loss due to flood/ fire/ theft <input type="checkbox"/> Personal Property Taxes <input type="checkbox"/> Non-reimbursed Job Exp. <input type="checkbox"/> Paid Foreign Income Taxes
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We recommend direct deposit for all Federal and State refunds. Federal refunds may be split between a maximum of three accounts. Please attach proof of account(s).

**DIRECT
DEPOSIT
INFO**

ATTACH VOIDED CHECK

OR

“MYPAY” DIRECT DEPOSIT PRINTOUT

OR

PROVIDE THE FOLLOWING:

Routing # _____ Account # _____

TAX PREPARER USE ONLY BELOW THIS LINE!

- ☐ Yes ☐ No Did any dependent file a joint return for this tax year?
- ☐ Yes ☐ No Can anyone else claim any dependent on their income tax return?
- ☐ Yes ☐ No Did any dependent provide more than 50% of their own support?
- ☐ Yes ☐ No Were any dependents permanently and totally disable last year?
- ☐ Yes ☐ No Did the taxpayer/spouse provide over half the support for each dependent?
- _____ Based on the interview, how many individuals qualify as dependents for this return?
- ☐ Yes ☐ No Based on the interview, does the taxpayer qualify for EIC?

Based on the interview, the filing status of the taxpayer is:

- ☐ Single ☐ MFJ ☐ MFS* ☐ HOH ☐ QW

*for MFS, list spouse name and SSN: _____

Did the taxpayer receive an Economic Stimulus Payment during 2008?

- ☐ Yes ☐ No If yes, how much? _____

Interview Notes: